UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 6491P066

First Inventor Hossein Sedarat, et al.

Title RELIABLE MULTICARRIER COMMUNICATION IN THE PRESENCE OF PERIODIC IMPULSIVE INTERFERENCE

PERIODIC IMPULSIVE INTERFERENCE									
(Only for new nonpro	Express Mail	Label No.	EV 4	09365485 T	JS		570		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents				ADI	tion ts	U.S. 214			
1. Fee Tran (Submit an See 37 C 2. Applican See 37 C 3. Specifica (preferre - Descript - Cross R - Stateme or a com - Backgro - Brief Su - Brief De - Detailed - Claim(s) - Abstract 4. Drawing(5. Oath or Declar a. No b. Co	nsmittal Form original and a dup at claims small CFR 1.27. ation ad arrangement it in the efference to be ent Regarding ince to sequen a puter programment of the Informacy of the escription of the Description of the Description of the Disclosion (Signature) at the Disclosion (Signature) are continuation or continuation or DELETIE	mittal Form (e.g., PTO/SB/17) ginal and a duplicate for fee processing) claims small entity status. R 1.27. Total Pages 31 } arrangement set forth below) et title of the Invention erences to Related Applications the Regarding Fed sponsored R & D to be sequence listing, a table, uter program listing appendix and of the Invention mary of the Invention eription of the Drawings (if filed) 7. □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. □ Computer Readable Form (CRF) b. Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies); or ii. □ paper c. □ Statements verifying identity of above copies					s mended aim of		
6. Application	named in t) 1.63(d)(2) a	ement attached deleting inventor(s he prior application, see 37 CFR and 1.33(b). et. See 37 CFR 1.76	•		Other:				
Continuation follow Continuation of the disclosure	wing the title, ation ation Informator DIVISIONAL A of the accompar		Sheet under 3 inuation-in-pa of the prior application and is	B7 CFR 1. Irt (CIP) cation, from	76: O which an oati	of prior application Group/ th or declaration is s	On No: Art Unit:	lox 5b, is considered	1 a
		18.	CORRESPO	NDENCE	ADDRES	S			
Customer Nu Custo	mber	087	791			or	∑ Correspor	ndence address bel	bw
Name	Blakely, S	ott Heileson okoloff, Taylor & Zaf	man LLP						
Address	12/9 Oakı	nead Parkway							
City	Sunnyvale		Sta	te (California	Τ	Zip Code	94085	
Country	USA		Telephone		408) 720		Fax	(408) 720-	8383
Name (Print/Type). Jeffery Scott Heileson				L	Reg	nistration No. (A		1) 46,765 (24/03	$\overline{\Box}$
Signature		//. V		_			I Date ///	ا ۱۱۱س	

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$) 1,518.00

Complete if Known						
Application Number						
Filing Date						
First Named Inventor	Hossein Sedarat					
Examiner Name						
Group/Art Unit						
Attorney Docket No.	64912066					

Date

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit card Money Other	None	3. AI	ODITIO	NAL	FEES	3			
Deposit Account	_ NOIS	Large	Entity	Sma	ill Entity	,			
Deposit	I	Fee Code	Fee (\$)	Fee Code	Fee (\$)	 	- Decembries		For Dold
Account Number 02-2666		1051	130	2051		Surcharge - late filing	e Description		Fee Paid
Deposit	=	1052	50	2052	65 25	Surcharge - late prov			-
Account Name Blakely, Sokoloff, Taylor & Zafman LLP						cover sheet.			
The Commissioner is authorized to: (check all that apply)	-	2053 1812	130 2,520	2053 1812	130 2,520	Non-English specification For filing a request for		nation	
☐ Charge fee(s) indicated below ☐ Credit any overpayments		1804	920	1804	920	* Requesting publication	•		
Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.						Examiner action	100		
Charge fee(s) indicated below, except for the filling fee		1805	1,840*	1805	1,840	 Requesting publication 	on of SIH after		
to the above-identified deposit account		1251	110	2251	55	Extension for reply wi	thin first month		
FEE CALCULATION		1252	420	2252	210	Extension for reply within second month			
1. BASIC FILING FEE		1253	950	2253	475	Extension for reply wi	thin third month		
Large Entity Small Entity Fee Fee Fee Fee Description	D-1-1	1254	1,480	2254	740	Extension for reply wi			
Code (5) Code (5)	ee Paid	1255	1,210	2255	605	Extension for reply wi	thin fifth month		
1001 770 2001 385 Utility filing fee	770.00	1404	330	2401	165	Notice of Appeal	A -41		
1002 340 2002 170 Design filing fee		1402 1403	330	2402 2403	165	Filing a brief in suppo			
1003 530 2003 265 Plant filing fee			290		145	Request for oral hear		lina	<u> </u>
1004 770 2004 385 Reissue filing fee		1451	1,510	2451	1,510	Petition to institute a		ntið	
1005 160 2005 80 Provisional filing fee		1452	110	2452	55	Petition to revive - un			
SUBTOTAL (1) (\$)	770.00	1453 1501	1,330	2453	665				
			1,330 480	2501 2502	665 240	Utility issue fee (or re Design issue fee			
2. EXTRA CLAIM FEES Extra Fee from Claims below Fe	ee Paid	1502 1503	640	2503	320	Plant issue fee			
Total Claims	450.00	1460	130	2460	130	Petitions to the Comm	nissioner		l
Independent	\$258.00	1807	50	1807	50	Prosessing fee under			
Multiple Dependent		1806	180	1806	180	Submission of Inform	ation Disclosure St	trnt	
Large Entity Small Entity		8021	40	8021	40	Recording each pater			40.00
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)						property (times numb			
Code (5) Code (5) 1202 18 2202 9 Claims in excess of 20		1809	770	1809	385	Filing a submission af (37 CFR § 1.129(a))	ter final rejection		
1201 86 2201 43 Independent claims in excess of 3	:	1810	770	2810	385	For each additional in			
1203 290 2203 145 Multiple Dependent claim, if not paid	1					examined (37 CFR §		_	
1204 86 2204 43 **Reissue independent claims over origin patent	nai	1801	770	2801	385	Request for Continued		E)	
		1802	900	1802	900	Request for expedited of a design application			
1205 18 2205 9 "Reissue claims in excess of 20 and over original patent			Other fee (specify)						
SUBTOTAL (2) (\$) 7	708.00								
°or number previously paid, if greater, For Reissues, see below		*Reduced b	y Basic Filin	Fee Paid	d	:	SUBTOTAL (3)	(\$)	40.00
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) Jeffery Scott Heileson			gistratio omey/Agei		4	6,765	Telephone	(408) 720	
A 27		(And	A CIG Y/A GBI	"/				1 1	

Signature